

City of Newton



Setti D. Warren  
Mayor

## HEALTH AND HUMAN SERVICES DEPARTMENT

Dori Zaleznik, MD, Commissioner  
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Newton, MA 02459-1544

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**Public Health**  
Prevent. Promote. Protect.

### **APPLICATION FOR SEASONAL FOOD ESTABLISHMENT PERMIT**

The operator of each Seasonal Food Establishment must fill out this application **completely** and submit it to the Newton Health and Human Service Department at least 14 days before an event along with a are **NON REFUNDABLE** fee of **\$75.00** payable to the "City of Newton".

Date of Submission: \_\_\_\_\_

#### **About your Business / Booth**

Organization / Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner's Name (if Applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### **About the Seasonal Event**

Name of the Event (s): \_\_\_\_\_

Date of the Event (s): \_\_\_\_\_ Time of the Event(s): \_\_\_\_\_

Address / Location of the Event (s): \_\_\_\_\_

Organizer of the Event: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Contact Person in Charge (PIC) during the Event**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this person a Certified Food Manager? Yes ☐ Submit copy No ☐

Does this person have an Allergy Awareness Certificate? Yes ☐ Submit copy No ☐

#### **Food Information**

List **ALL** Food and Beverage items to be prepared and served. Attach a separate sheet if necessary.

(NOTE: Any changes to the menu must be submitted to and approved by the Newton Health and Human Services Department at least 5 business days prior to the event. Only the Food items listed on the Permit may be offered at the Event): \_\_\_\_\_

Email: [dzaleznik@newtonma.gov](mailto:dzaleznik@newtonma.gov)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Will all Foods be prepared at a licensed Food Establishment?

Yes ☐ Provide a copy of Food Establishment Permit

No ☐ Complete Attachment A

Location of where Foods will be prepared: \_\_\_\_\_

When will Foods be prepared? \_\_\_\_\_

How and where will the Foods be stored and held? \_\_\_\_\_  
\_\_\_\_\_

Describe the number, location and set up of hand washing facilities to be used by the Seasonal Food Establishment Workers: \_\_\_\_\_  
\_\_\_\_\_

Describe how Foods will be held Cold: \_\_\_\_\_

Describe how Foods will be held Hot: \_\_\_\_\_

How will Foods be monitored during the Event? \_\_\_\_\_

Describe how Foods will be protected against environmental and customer contamination: \_\_\_\_\_  
\_\_\_\_\_

Describe where utensil washing will take place: \_\_\_\_\_

What kind of sanitizer will be used? \_\_\_\_\_

If no facilities are available on site, describe the location of back-up utensil storage: \_\_\_\_\_  
\_\_\_\_\_

Describe if and how Foods will be cooked on site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of gloves used: \_\_\_\_\_

Will propane be used? Yes ☐ No ☐

If Yes obtain a Fire Permit at Fire Prevention (Headquarters) located at 1164 Centre Street, Newton MA 617-796-2230. The Seasonal Food Establishment Permit is only valid with a Propane Permit when applicable.

Will portable toilets be used?

Yes ☐ Number: \_\_\_\_\_ Company: \_\_\_\_\_

(Company must have an Offal Permit with the City of Newton)

No ☐ Describe the toilet facilities: \_\_\_\_\_

Email: [dzaleznik@newtonma.gov](mailto:dzaleznik@newtonma.gov)

Please add any additional information about your Seasonal Food Establishment that should be considered: \_\_\_\_\_

\_\_\_\_\_

Please Note: **Each cart** which has a specific function **requires a Food Permit**. Carts which are used only to store packaged foods and drinks will not be considered a separate cart. Permits are not granted on site at the Event.

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Newton Health and Human Services Department may nullify final approval and/ or permit.

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

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### FOR OFFICIAL USE ONLY

**Approval:** ☐

Date: \_\_\_\_\_

Restrictions: \_\_\_\_\_

\_\_\_\_\_

None: ☐

Permit Effective Date(s): \_\_\_\_\_

**Disapproval:** ☐

Date: \_\_\_\_\_

Reason(s) for Disapproval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspector's Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Updated: 4/9/13

Email: [dzaleznik@newtonma.gov](mailto:dzaleznik@newtonma.gov)



**FOOD PREPARATION at the TEMPORARY FOOD ESTABLISHMENT**

List each food item and identify where each preparation procedure will take place at the Temporary Food Establishment

FOOD ITEM	THAW HOW? WHERE?	CUT / WASH ASSEMBLE WHERE?	COLD HOLDING HOW? WHERE?	COOK HOW? WHERE?	HOT HOLDING HOW? WHERE?	REH F WH